



F.P.-083

The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Department of Fire Services

P.O. Box 1025 ~ State Road
Stow, Massachusetts 01775
(978) 567~3700 Fax: (978) 567~3199



APPLICATION FOR EXPLOSIVES USER'S CERTIFICATE

Limited to Research and Development

527 CMR 13.13 (12) Laboratories: Industrial laboratories, laboratories of technical institutes, colleges, universities, and similar institutions may be permitted to keep, store and use explosives or blasting agents when confined to the purpose of scientific or technical instruction or research, provided the storage and use of explosives or blasting agents is conducted or supervised by a person holding a Certificate of Competency and not more than 50 pounds of explosive are kept on hand at any time in such laboratories.

CHECK ONE: ☐ NEW ☐ RENEWAL

I. APPLICATION INSTRUCTIONS

- ☐ Type or print in ink all items on this form, sign the form in Section V, and have it notarized.
- ☐ Include a legible copy of your current ATF License/Permit or extension letter.
- ☐ Include a copy of your ATF Notice of Clearance listing Responsible Person(s) and Employee Possessors.
- ☐ Include a legible copy of your current driver's license.
- ☐ Complete both pages of the CORI Request, and have it notarized.
- ☐ Include evidence of valid liability insurance coverage in the form of a certificate issued by the insurance agency listing the name and claims representative, providing general liability in the amount of \$1,000,000 per occurrence and \$1,000,000 aggregate coverage. A 30-day cancellation notice to the Marshal shall be a condition of the policy. Your insurance company must be licensed by the Massachusetts Division of Insurance.

If your certificate of insurance is not available at this time, please send the completed application and any other documents, with a note that indicates the certificate of insurance will be sent at a later date.

All applications must be submitted to the Office of the State Fire Marshal at least 30 days prior to expiration. Incomplete applications will be returned. Any delay in the issuance of a license or permit, due to an incomplete filing, will be the sole responsibility of the applicant.

II. APPLICANT INFORMATION (OWNER OR PRINCIPLE OF COMPANY)

Note: All businesses conducting work in the Commonwealth of Massachusetts must be registered as a Business Entity with the Secretary of State's Office.

Name of Applicant: _____ Date of Birth: _____
Last First Middle Month Day Year

Street Address: _____
Residential address required City/Town, State Zip

Business (Mailing) Address: _____
City/Town State Zip

Social Security Number: _____ Phone Number: _____ -- _____

Are you a U.S. Citizen: () YES () NO (If you answered NO, then you must attach copies of your federal documents showing your INS-issued alien number or admission number and social security card.)

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Sex: _____

Present Employer: _____ Phone Number: _____ - _____
Name

Employer Address: _____
Address City/Town State Zip

Position Held: _____ How long employed at this position: _____

How many continuous years have you been associated with the explosives industry? _____

III. COMPANY INFORMATION

Name of Company or Firm making application: _____

Street Address: _____

Business (Mailing) Address: _____
City/Town State Zip

Business Phone Number: _____ -- _____ (please indicate if this is a mobile phone)

My current Massachusetts Explosives Users Certificate number is: _____ Expires on: _____

In accordance with 527 CMR 13.00, I attest that I understand the contents of 527 CMR 13.00 and M.G.L. c 148. () YES () NO

I attest that all explosive materials shall be stored according to all the requirements of 527 CMR 13.00 and all applicable Federal regulations. () YES () NO

My Federal Importer Manufacturer or Dealer License Number is: _____

My Federal Explosives Users Permit Number is: _____

IV. GENERAL

All questions must be answered

- Are you a fugitive from justice? { } YES { } NO
- Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, or narcotic drug or any other controlled substance? { } YES { } NO
- Have you ever been convicted in any court of a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence, including probation? { } YES { } NO
- Are you under indictment in any court for a felony, or any crime, for which the judge could imprison you for more than year? { } YES { } NO
- Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution? { } YES { } NO
- Have you ever been discharged from the Armed Forces under dishonorable conditions? { } YES { } NO
- Have you ever renounced your United States citizenship? { } YES { } NO
- Have you ever had a license, certificate, permit or right to use explosives suspended or revoked in any state or federal jurisdiction? { } YES { } NO
- Are you currently taking any medication, which may impair your ability to safely conduct a licensed activity? { } YES { } NO
- Have you ever been involved in any incident(s) resulting from the use of explosives, which resulted in personal injury or property damage in any state? { } YES { } NO

Any question answered "Yes" must be explained on an attached sheet of paper

V. APPLICANT CERTIFICATION

A. I attest that I have reviewed and am familiar with all Commonwealth of Massachusetts Explosive Laws and Regulations. I hereby consent to the release of all personal records containing data relative to this application, maintained by any individual or agency. I certify that I am authorized to execute this application. I declare under the penalty of perjury that the statements and information provided herein are true as of the date of this application. I am aware that there are significant penalties for submitting false information, including possible fines, civil penalties and imprisonment.

B. Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required under law and otherwise complied with all other provisions of said statute.

C. I attest that all explosive materials shall be stored and used according to the requirements of M.G.L. c. 148, 527 CMR 13.00 and all applicable Federal references and regulations.

Signature: _____ Date: _____

Statement of Notary Public:

State of _____

_____, ss:

Date: _____

Before me, then personally appeared the above named affiant _____, who acknowledged, by his signature, the foregoing Affidavit and Endorsement to be true and to be the Affiant's free act and deed.

(Seal)

Notary Signature: _____

Notary Name (Printed): _____

Commission Expiration Date: _____

CORI REQUEST FORM

(this form must be notarized and completed)

The Department of Fire Services, Office of the State Fire Marshal (Agency # 820), has been certified by the Criminal History Systems Board for access to general use/CJIS records. Applicant/Employee Information (please print) :

_____ Last Name	_____ First Name	_____ Middle Name
_____ Maiden Name or Alias (if applicable)		_____ Place of Birth
_____ Date of Birth	_____ Social Security Number (requested but not required)	_____ Mother's Maiden Name (first and last)

Former Residential Addresses:

Sex: _____ Height: _____ ft. _____ in. Weight: _____ Eye Color: _____

Drivers License: State _____ Number: _____

Applicant Signature: _____

Statement of Notary Public:

The above information was verified by reviewing the following form of government issued photographic identification: _____

ss: _____ Date: _____

Before me, then personally appeared the above named Affiant, _____ who acknowledged, by his signature, the foregoing Affidavit and Endorsement to be true and to be the Affiant's free act and deed.

(seal)

Notary Signature: _____

Notary Name (printed): _____

Commission Expiration Date: _____

Requested By: _____

Signature of CORI Authorized Employee
(MA State Police-Assigned)

